

LA TEST# 2**FORMS REQUIRED: FORM 1040A, FORM 2210, SCHEDULE 1, FORM 8862, FORM 4868, IT540, SCHEDULE E**

INFORMATION RETURNS ATTACHED: FORM W-2 (3)

ENTRIES NOT REQUIRING FORMS:

INTEREST 370

STATEMENTS:

THIRD PARTY DESIGNEE: NONE

FORM 2210:**LINE 8 180**

TAXPAYER

NAME: LATEST A EAU DE TOILETTE SSN:400-00-4302

DOB: 2/14/1977

OCCUPATION: SALES CLERK

DISABLED: NO

PRES ELEC FUND: YES

DAYTIME PHONE: 225-319-2488

BLIND: NO

CHECK DIGITS FROM IRS LABEL: TV

ADDRESS: 5 GOTTA SMELL GOOD ST

BATON ROUGE LA 70805

FILING STATUS: SINGLE

FEDERAL EXTENSION UNTIL 10/15/2007

TAXABLE PURCHASES 2000

NATIVE AMERICAN INCOME 1800

START SAVINGS PROGRAM CONT 250

STATE DIRECT DEBIT RTN 253174576

ACCT# 6542153

ACCOUNT TYPE CHECKING

AMOUNT OF PAYMENT 1628

PAYMENT DATE 4/15/2007

e-mail address efile@lamis.gov

RECAPTURE OF START 50

2005 CREDIT CARRYFORWARD 500

SCHEDULE 1**PART I**

LINE 1

OTHER STATE TEXAS 235

CHASE BANK 370

INTEREST SUBTOTAL 605

TAX EXEMPT INTEREST 235

LINE 4 370

LA TEST# 2**FORMS INCLUDED:**

Form 1040A:

Taxpayer's first name, initial, last name

LATEST A EAU DE TOILETTE

Taxpayer's social security number

400-00-4302

Home address (number and street)

5 GOTTA SMELL GOOD ST

City, state, and zip

BATON ROUGE LA 70822

Taxpayer's Presidential Election Campaign Fund

YES

Filing status

SINGLE

Head of household qualifying person's name

Line 6a: Yourself (exemption)

YES

Line 6d: Total number of exemptions claimed

1

Line 7: Wages, salaries, and tips

51800

Line 8a: Taxable interest

370

Line 8b: Tax-exempt interest

235

Line 15: Total income

52170

Line 20: Total adjustments

0

Line 21: Adjusted gross income

52170

Line 22: Enter amount from line 21

52170

Line 23a: You were born before January 2, 1941

NO

You are blind

NO

Spouse was born before January 2, 1941

NO

Spouse is blind

NO

Total boxes checked

0

Line 24: Standard deduction

5150

Line 25: Subtract line 24 from line 22

47020

Line 26: Multiply \$3100 by the total number of exemptions claimed on line 6d

3300

Line 27: Taxable income

43720

Line 28: Tax

7489

Line 36: Subtract line 38 from line 28

7489

Line 38: Total tax

7489

Line 39: Federal income tax withheld

191

Line 43: Total payments

191

Line 47: Amount you owe:

7594

Line 48: Estimated tax penalty

296

Third party designee:

Designee's name

NO

Designee's phone number

Designee's personal identification number (PIN)

Taxpayer's occupation:

SALES CLERK

Spouse's occupation:

Daytime phone number:

225-219-2492

Return prepared by:

LA TEST #1**Form W-2:#1**

Box b:Employer identification number	72-8765432
Box c:Employer's name, address, and zip code	SWEET AROMA HEALTH AND BEAUTY AIDS 7 FRAGRANT WAY BATON ROUGE LA 70805
Box d:Employee's social security number	400-00-4302
Box e:Employee's first name, initial, and last name	LATEST A EAU DE TOILETTE
Box f:Employee's address and zip code	5 GOTTA SMELL GOOD ST BATON ROUGE LA 70805
Box 1:Wages, tips, other compensation	9000
Box 2:Federal income tax withheld	79
Box 3:Social security wages	9000
Box 4:Social security tax withheld	558
Box 5:Medicare wages and tips	9000
Box 6:Medicare tax withheld	131
Box 15:State and State ID number	LA 4870821001
Box 16:State wages, tips, etc	9000
Box 17:State income tax	50

LA TEST# 2**Form W-2:#2**

Box b:Employer identification number	72-4568821
Box c:Employer's name, address, and zip code	NATIONAL TRIBAL COUNCIL 8566 NATURES ROADWAY BATON ROUGE LA 70805
Box d:Employee's social security number	400-00-4302
Box e:Employee's first name, initial, and last name	LATEST A EAU DE TOILETTE
box f:Employee's address and zip code	5 GOTTA SMELL GOOD ST BATON ROUGE LA 70805
Box 1:Wages, tips, other compensation	1800
Box 2:Federal income tax withheld	112
Box 3:Social security wages	1800
Box 4:Social security tax withheld	112
Box 5:Medicare wages and tips	1800
Box 6:Medicare tax withheld	26
Box 15:State and State ID number	LA 3258920001
Box 16:State wages, tips, etc	1800
Box 17:State income tax	0

LA TEST# 2

Form W-2:#3

Box b:Employer identification number

72-7654321

Box c:Employer's name, address, and zip code

US ARMY

123 MILITARY BASE

BATON ROUGE LA 70805

400-00-4302

Box d:Employee's social security number

Box e:Employee's first name, initial, and last name

LATEST A EAU DE TOILETTE

Box f:Employee's address and zip code

5 GOTTA SMELL GOOD ST

BATON ROUGE LA 70805

Box 1:Wages, tips, other compensation

41000

Box 2:Federal income tax withheld

0

Box 3:Social security wages

41000

Box 4:Social security tax withheld

2542

Box 5:Medicare wages and tips

41000

Box 6:Medicare tax withheld

595

Box 15:State and State ID number

LA 3655115001

Box 16:State wages, tips, etc

41000

Box 17:State income tax

0

LA TEST# 2

FORMS REQUIRED:FORM 1040A, FORM 2210, SCHEDULE 1, FORM 8862, FORM 4868, IT540, SCHEDULE E

INFORMATION RETURNS ATTACHED: FORM W-2 (3)

ENTRIES NOT REQUIRING FORMS:

INTEREST

370

STATEMENTS:

THIRD PARTY DESIGNEE:

NONE

OTHER:FORM 2210

LINE 9

180

TAXPAYER

NAME: LATEST A EAU DE TOILETTE

SSN:400-00-4302

DOB:

2/14/1977

OCCUPATION:

SALES CLERK

DISABLED:

NO

PRES ELEC FUND:

YES

DAYTIME PHONE:

225-319-2488

BLIND:

NO

CHECK DIGITS FROM IRS LABEL:

TV

ADDRESS:

5 GOTTA SMELL GOOD ST

BATON ROUGE LA 70805

FILING STATUS:

SINGLE

FEDERAL EXTENSION UNTIL

10/15/2007

TAXABLE PURCHASES

2000

NATIVE AMERICAN INCOME

1800

START SAVINGS PROGRAM CONT

250

STATE DIRECT DEBIT RTN

253174576

ACCT#

6542153

ACCOUNT TYPE
AMOUNT OF PAYMENT
PAYMENT DATE
e-mail address

CHECKING
1628
4/15/2007
efile@lamis.gov

RECAPTURE OF START 50
2005 CREDIT CARRYFORWARD 500

LA TEST# 2

FORMS INCLUDED:

Form 1040A:

Taxpayer's first name, initial, last name

LATEST A EAU DE TOILETTE

Taxpayer's social security number

400-00-4302

Home address (number and street)

5 GOTTA SMELL GOOD ST

City, state, and zip

BATON ROUGE LA 70822

Taxpayer's Presidential Election Campaign Fund

YES

Filing status

SINGLE

Head of household qualifying person's name

Line 6a: Yourself (exemption)

YES

Line 6b: Spouse (exemption) Number of boxes checked on 6a and 6b1

Line 6c: Dependent #1:

Name

Social security number

Relationship

Qualifying child

Number of children who lived with you

Number of children who did not live with you

Dependents not included above

Line 6d: Total number of exemptions claimed

1

Line 7: Wages, salaries, and tips

51800

Line 8a: Taxable interest

370

Line 8b: Tax-exempt interest

235

Line 9a: Ordinary dividends

Line 9b: Qualified dividends

Line 10: Capital gain distributions

Line 11a: IRA Distributions

Line 11b: Taxable amount of IRA distributions	
Line 12a: Pensions and annuities	
Line 12b: Taxable amount of pensions and annuities	
Line 13: Unemployment compensation	
Line 14a: Social security benefits	
Line 14b: Taxable amount of social security benefits	
Line 15: Total income	52170
Line 16: Educator expenses	
Line 17: IRA deduction	
Line 18: Student loan interest deduction	
Line 19: Tuition and fees deduction	
Line 20: Total adjustments	0
Line 21: Adjusted gross income	52170
Line 22: Enter amount from line 21	52170
Line 23a: You were born before January 2, 1941	NO
You are blind	NO
Spouse was born before January 2, 1941	NO
Spouse is blind	NO
Total boxes checked	0
Line 23b If MFS and spouses itemizes deductions	
Line 24 Standard deduction	5150
Line 25 Subtract line 24 from line 22	47020
Line 26 Multiply \$3300 by the total number of exemptions claimed on line 6d	3300
Line 27: Taxable income	43720
Line 28: Tax	7489
Line 29: Credit for child and dependent care expenses	
Line 30: Credit for elderly or disabled	
Line 31: Education credits	

LA TEST# 2

Line 32: Retirement savings contributions credit	
Line 33: Child tax credit	
Line 34: Adoption credit	
Line 35: Total credits	
Line 36: Subtract line 38 from line 28	7489
Line 37: Advance earned income credit payments	
Line 38: Total tax	7489
Line 39: Federal income tax withheld	191
Line 40: Estimated tax payments and overpayment applied	
Line 41a: Earned income credit	
Line 41b: Nontaxable combat pay election	
Line 42: Additional child tax credit	
Line 43: Total payments	191
Line 44: Overpaid	
Line 45a: Amount refunded	
Line 45b: Routing number	
Line 45c: Account type	
Line 45d: Account number	
Line 46: Applied to estimated tax	
Line 47: Amount you owe:	7594
Line 48: Estimated tax penalty	296
Third party designee:	
Designee's name	NO
Designee's phone number	
Designee's personal identification number (PIN)	
Taxpayer's occupation:	SALES CLERK

Spouse's occupation:
Daytime phone number: 225-219-2492
Return prepared by:

Form W-2:#1

Box b:Employer identification number 72-8765432
Box c:Employer's name, address, and zip code SWEET AROMA HEALTH AND BEAUTY AIDS
7 FRAGRANT WAY
BATON ROUGE LA 70805
Box d:Employee's social security number 400-00-4302
Box e:Employee's first name, initial, and last name LATEST A EAU DE TOILETTE
Box f:Employee's address and zip code 5 GOTTA SMELL GOOD ST
BATON ROUGE LA 70805
Box 1:Wages, tips, other compensation 9000
Box 2:Federal income tax withheld 79
Box 3:Social security wages 9000
Box 4:Social security tax withheld 558
Box 5:Medicare wages and tips 9000
Box 6:Medicare tax withheld 131
Box 15:State and State ID number LA 4870821001
Box 16:State wages, tips, etc 9000
Box 17:State income tax 50

LA TEST# 2

Form W-2:#2
Box b:Employer identification number 72-4568821
Box c:Employer's name, address, and zip code NATIONAL TRIBAL COUNCIL
8566 NATURES ROADWAY
BATON ROUGE LA 70805
Box d:Employee's social security number 400-00-4302
Box e:Employee's first name, initial, and last name LATEST A EAU DE TOILETTE
Box f:Employee's address and zip code 5 GOTTA SMELL GOOD ST
BATON ROUGE LA 70805
Box 1:Wages, tips, other compensation 1800
Box 2:Federal income tax withheld 112
Box 3:Social security wages 1800
Box 4:Social security tax withheld 112
Box 5:Medicare wages and tips 1800
Box 6:Medicare tax withheld 26
Box 15:State and State ID number LA 3258920001
Box 16:State wages, tips, etc 1800
Box 17:State income tax 0

LA TEST# 2

Form W-2:#3
Box b:Employer identification number 72-7654321

Box c:Employer's name, address, and zip code

US ARMY
123 MILITARY BASE
BATON ROUGE LA 70805

Box d:Employee's social security number

400-00-4302

Box e:Employee's first name, initial, and last name

LATEST A EAU DE TOILETTE

box f:Employee's address and zip code

5 GOTTA SMELL GOOD ST
BATON ROUGE LA 70805

Box 1:Wages, tips, other compensation

41000

Box 2:Federal income tax withheld

0

Box 3:Social security wages

41000

Box 4:Social security tax withheld

2542

Box 5:Medicare wages and tips

41000

Box 6:Medicare tax withheld

595

Box 15:State and State ID number

LA 3655115001

Box 16:State wages, tips, etc

41000

Box 17:State income tax

0